



Three Year Plan for FY2013 – FY2015 (July 1, 2012– June 30, 2015)

Tennessee Department of
Mental Health and
Substance Abuse Services

**TDMHSAS THREE YEAR PLAN
FY 13 – FY 15
July 1, 2012**

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INTRODUCTION

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) serves as the state's mental health and substance use disorders authority and is responsible for system planning, setting policy and quality standards, system monitoring and evaluation, disseminating public information and advocacy for persons of all ages who have mental illness, serious emotional disturbance, and/or substance use disorders.

Effective July 1, 2012, the Legislature changed the name of the Department of Mental Health to the Department of Mental Health and Substance Abuse Services (TDMHSAS) to more accurately reflect the mission of the agency. In January 2011, legislation changed the name TDMHDD to the Department of Mental Health and the same legislation created a Department of Intellectual and Developmental Disabilities (DIDD) in June 2010. DIDD now serves as the state's developmental disability authority with responsibility to coordinate, set standards for, plan, monitor, and promote the development and provision of services and supports to meet the needs of persons with intellectual and developmental disabilities. Consequently, responsibility for developmental disabilities was transferred to the new Department of Intellectual and Developmental Disabilities.

One of the TDMHSAS's major responsibilities is service system planning. Title 33, Chapter 1, Part 4 of the Tennessee Code Annotated, the mental health law, requires the TDMHSAS to develop a Three Year Plan based on input from the State TDMHSAS Planning and Policy Council's recommendations. The plan must be updated at least annually based on an assessment of the public need for mental health and substance use disorders services. Needs assessments are conducted annually by the TDMHSAS Regional Councils to assist Department staff in planning and resource allocation. TDMHSAS provides Regional Councils with data to help members identify prioritized needs. Prioritized needs are shared with staff to develop strategies for the Three-Year Plan and report progress bi-annually. The needs assessment process creates an evidence-based method for Regional Councils to influence the design of the mental health and substance use delivery system by identifying each region's needs and target limited state resources to more effectively and efficiently meet identified needs. This information is used to communicate and integrate results into a strategic planning and action process to ensure assessment information is used in meaningful ways to improve the mental health and substance use system.

The Department oversees seven Regional Planning and Policy Councils from which local and regional mental health needs and information are funneled to the State Council and to the Department. Needs assessment priorities and recommendations from the State Planning and Policy Council, combined with requirements associated with Federal Mental Health and Substance Abuse Block Grant funding, inform the development of the Department's Three Year Plan.

The Plan serves several purposes:

1. Furnishes the TDMHSAS Statewide Planning and Policy Council a forum to advise the Department on a desirable array of prevention, early intervention, treatment, and recovery services and supports for service recipients and their families. The Council provides statewide citizen participation in advising the Department on policy and formulation of budget requests, as well as the development and evaluation of services and supports.

2. Provides a basis for the development of the TDMHSAS's annual budget improvement request to the Governor for the parts of the Plan that are to be implemented during the budget year.
3. Identifies programs and activities that are vital to carrying out the vision and mission of the Department.
4. Provides a self-monitoring process to ensure that the TDMHSAS meets its obligations to service recipients and their families.
5. Provides a means for internal and external communication. The Plan communicates the TDMHSAS goals and objectives to staff, other state entities, agencies that provide services and supports, other interested parties, and the public.
6. Provides a means to set priorities and to allocate resources consistent with the priorities while striving to ensure equitable distribution of services and resources statewide.

The Governor tasked each Department in state government to conduct a "Top to Bottom Review" intended to thoroughly analyze operational and organizational efficiency. The results of this review established goals for change for the Department of Mental Health and Substance Abuse Services. Goal highlights include: strengthening community mental health and substance abuse services through reorganization, restructuring of the Department and focusing on resiliency and recovery; decreasing the abuse of prescription drugs through legislation that focuses prescriber attention toward monitoring and reporting and through improved treatment availability for opioid addiction; and increasing effectiveness of the RMHIs through standardizing practices, implementing best practices; increasing collaborative efforts between Divisions, departments, providers and funders in the State at large.

During the previous fiscal year, TDMHSAS implemented changes that consolidated Divisions under new leadership to ensure efficient operation. Lakeshore Regional Mental Health Institute closed on June 30, 2012. New step-down processes and collaborations with local and regional providers were implemented to ensure that all patients received the most appropriate level of care. Indeed, all 14 recommendations made by the Top to Bottom review have been addressed either fully or to some extent during the previous fiscal year. Efforts toward implementing every recommendation are reflected in the goals of the Three Year Plan and proceed daily in the work of Departmental staff.

Divisions

The Division of Administrative Services (DAS) oversees fiscal services and monitoring, information systems, general services, contracts management, and the budget. DAS also coordinates major maintenance and capital outlay projects and provides consultation and administrative oversight for the Regional Mental Health Institutes. The offices of Fiscal Services, Information Technology, Construction and Engineering, General Services, and Contracts Management are a part of this Division.

Fiscal Services provides payroll services, reviews audit findings, and takes corrective action as indicated; provides accounting services for federal and community services grants and contracts; ensures that all income and expenditures are received, disbursed, and recorded; and ensures that all accounting, reporting, and reconciliation functions are performed. This Office also establishes methodology for the annual determination of charges for services provided in programs operated by TDMHSAS and the determination of indigence.

The Office of Information Technology is responsible for all aspects of software, hardware and telecommunications systems used by TDMHSAS including planning, analysis, design, development, implementation, installation, and ongoing support. IT supports a structured information system with the purpose of gathering all data necessary for TDMHSAS to carry out its duties related to planning, needs assessment, standard setting, evaluation, and promotion of service development.

The Construction and Engineering oversees facilities management, engineering, and related services for TDMHSAS. Construction and Engineering manages a comprehensive major maintenance program and coordinates all real property transactions.

The General Services provides procurement, fleet management, mail services, records management, and work-related transportation for TDMHSAS staff. This Section also serves as property officer for all fixed assets and is custodian for printing, publications, and forms.

The Contracts Management oversees the development, processing and implementation of contracts and coordinates all RFP activities for the Department. The Budget Office develops the annual budget and provides on-going analysis and projections to leadership about spending patterns. This Office works closely with the state's Department of Finance and Administration and handles all modifications and budget request documents.

The Division of Substance Abuse Services (DSAS) is responsible for planning, developing, administering, and evaluating a statewide system of substance use, abuse, and addiction services for the general public, persons at risk for substance abuse, and persons abusing substances. These responsibilities are carried out through partnering with other government agencies, community organizations, and advocacy groups. Treatment and prevention services are provided by community based agencies through individual contracts.

The Division oversees and guides the development of a full continuum of prevention, treatment and addictions recovery services for individuals with substance use disorders and co-occurring disorders (substance use disorders combined with mental illness). These services comprise the State's substance abuse services safety net for persons in need of assistance. Primary funding is received through the federal Substance Abuse Prevention and Treatment Block Grant and

from limited state sources. Funding resources support substance abuse and co-occurring disorders prevention, treatment and recovery services through a network of approximately 152 community substance use disorders service agencies statewide.

DSAS has responsibility to help prevent substance use disorders by providing educational materials to the public. Educational materials that describe the causes and symptoms of substance use disorders are prepared and distributed to schools and interested members of the public. The Division also renders assistance to suitable local agencies and provides activities promoting public interest and information about substance abuse and dependence.

DSAS oversees the Co-Occurring Disorders (COD) Program to plan, promote, fund and evaluate services for persons with co-occurring substance use and mental disorders. The COD Program provides extensive statewide training of service providers in treating COD issues; funds the Women's Addictions Recovery Network and other direct treatment services; and evaluates the effectiveness of services for co-occurring substance use and mental disorders.

DSAS manages the Criminal Justice Service Program by operating and overseeing the criminal justice programs that provide community mental health and substance treatment and recovery across the State of Tennessee. The Criminal Justice Service Program includes: the Community Treatment Collaborative; Alcohol and Drug Addiction Treatment Program for DUI Offenders; Drug Courts; Supervised Probation Offender Treatment Program; Criminal Justice Liaison Program; and DUI Schools. The Criminal Justice Programs provide an opportunity for individuals with exposure to and activity in the criminal justice system to receive community based treatment and recovery services that will help meet individual needs and provide a continuum of support services in the community.

The Division of Clinical Leadership (DCL) seeks to assure high quality services through: consultations; clinical oversight; education; the development and revision of clinical policies and best practice guidelines; and the advancement of research reviews. DCL seeks to assure high quality service availability by providing clinical oversight of various programs and by monitoring clinical research. DCL serves as the state opioid treatment authority that provides administrative, medical, and pharmaceutical oversight to licensed Opioid Treatment Programs. Oversight includes, but is not limited to: planning; developing; educating; and implementing policies and procedures to ensure that opioid addiction treatment is provided at an optimal level. DCL houses the Department's Institutional Review Board (IRB), which must approve any proposals to conduct research undertaken by, for, or with the TDMHSAS, including requests that involve service recipients, their records, or specimens for research purposes.

DCL provides consultation to the clinical directors at the Regional Mental Health Institutes (RMHIs) including both medical and pharmacy consultation. The Division implements evidence-based practices and provides Civil Rights Compliance and suicide prevention activities which include Suicide Prevention and the African American Faith Communities Conferences and activities related to suicide prevention in the faith communities/places of worship. The Division provides education regarding mental illness and substance use disorders to the general public, to healthcare providers and to service recipients and their families. DCL also coordinates student internships.

The Division of Planning, Research & Forensics (DPRF) works collaboratively with all program and planning areas to develop Departmental policy through research, data collection and analysis, and program evaluation. DPRF supports mandated Departmental planning and

policy responsibilities by working with program staff to develop strategies and goals for special initiatives.

DPRF coordinates the mandated Departmental responsibility for community-based system planning (to meet the public's need for mental health and substance abuse services based on an annual needs assessment), and preparing and maintaining a three-year plan for mental health and substance abuse services and supports. The Division maintains both a statewide Planning and Policy Council and seven Regional Councils. The Statewide and Regional Councils report community service needs and the adequacy of local service system delivery to TDMHSAS. The Division also oversees and coordinates appointments to the Planning and Policy Councils and the RMHI facility boards of trustees, as required, to provide citizen participation in policy planning. The Division develops the Federal Community Mental Health Services Block Grant application, the Implementation Report for the Mental Health Block Grant, the Three-Year Plan, the Department's Finance and Administration Strategic Plan, and the Joint Annual Report.

DPRF provides decision support to TDMHSAS policy makers by providing the information, data, and research necessary to make data-driven decisions and to measure the effectiveness and efficiency of TDMHSAS projects and programs. DPRF manages the Department's Data Infrastructure Grant to develop the data systems necessary to comply with federal mental health and substance abuse reporting requirements. DPRF contributes to the protection and welfare of people with mental illness and substance abuse that participate in research by and/or for the Department through the Institutional Review Board (IRB), which DPRF coordinates in collaboration with DCL. The IRB must approve any proposals to conduct research undertaken by, for, or with the TDMHSAS, including requests that involve service recipients, their records, or specimens for research purposes. DPRF facilitates the development of best practice guidelines for a variety of populations and the creation of departmental standards in various domains such as adult mental health case management. In addition, DPRF oversees the Building Strong Families grant that provides intensive, in-home clinical services to families with parents who have substance abuse issues and children who are at imminent risk of placement into state custody.

The Division is also responsible for forensic services: statutorily mandated inpatient and outpatient court-ordered mental health evaluation and treatment services for adults, and outpatient evaluations for youth. Evaluation and treatment services are provided through state hospitals and contracts with community agencies. DPRF also coordinates transfers into and out of the Department's maximum security unit and transfers into the Department's maximum security unit from the Department of Corrections.

DPRF has implemented a program to provide the Board of Probation and Parole (BOPP) with psychological evaluations of parole-eligible inmates identified by the BOPP. Evaluation of persons convicted of certain sex offenses is required by law prior to consideration by the BOPP. In addition, the BOPP elects to request evaluations on other violent offenders. These evaluations use best-practice risk assessments to quantify risk and develop recommendations for evidence-based services to help reduce risk. The Division also administers a Transformation Transfer Initiative Grant that converts juvenile court ordered mental health evaluations from a predominately inpatient service to a predominately outpatient service.

The Division of Mental Health Services (DMHS) supports the mandated responsibility for planning and promoting a comprehensive array of services and supports for individuals of all ages with mental illness, co-occurring disorders, and/or serious emotional disturbances. This is

accomplished through the creation, expansion, and oversight of community based program and community support services. These programs and services provide a full array of: affordable housing programs; homelessness prevention services; 24 hour crisis services; wellness and recovery services; suicide prevention services; geriatric services; disaster emergency services; a comprehensive system of care-based child, youth, and family supports services; and other programs and services to meet the individualized needs of service recipients. DMHS also contracts to provide core mental health treatment through the Behavioral Health Safety Net of Tennessee (BHSN of TN) for poor uninsured individuals with a mental illness.

The Division also provides community outreach and education to diminish the stigma of individuals with mental illness and co-occurring disorders. The Division is responsible for promoting the interests of service recipients, providing direct assistance to recipients through the Ombudsman program, and providing the tools for service recipients to advocate for themselves through training opportunities and the promotion of self-help programs. The Division provides a variety of materials that are made available to the public on mental health and substance use disorders and provides training and materials for the Declaration for Mental Health Treatment. The Division also serves as a liaison in service recipient and advocacy activities and works in collaboration with other State Agencies, Community Providers and Organizations, Managed Care Organizations (MCOs), and Adult and Child Protective Services. DMHS participates in the National Depression Screening Day each October during Mental Illness Awareness Week by offering free screening information to the public.

DMHS administers the certification program for Peer Support Specialists and Family Support Specialists, some of whom provide direct, Medicaid-billable peer-to-peer services. DMHS was recently awarded the Bringing Recovery Services to Scale Policy Academy Grant through SAMHSA which has resulted in an action plan to expand the current certification program to include certification for individuals with lived experience with co-occurring and substance use disorders, provide education about the value of Peer Specialists to the community, and develop a comprehensive training curriculum.

DMHS also oversees the My Health, My Choice, My Life Program that is a five year, \$3.6 million program funded by a Mental Health Transformation grant from SAMHSA/CMHS. The program is a combination of a peer-led health promotion, wellness and self-management program with peer wellness coaching for individuals with mental illness, substance use disorders, and co-occurring disorders.

The Division of Hospital Services (DHS) provides oversight of operation for the four RMHIs for administrative, quality management, program services, and nursing services. The Assistant Commissioner for Hospital Services and the Director of Hospital Services are members of the RMHI Governing Body and, in those roles, assist with operation and oversight of the four RMHIs afforded by the Governing Body. DHS provides support and technical assistance to the RMHIs to assure continued compliance with The Joint Commission standards and Centers for Medicare and Medicaid Services (CMS) regulations; support to the RMHI Governing Body and its committees to address quality issues at the RMHIs; and coordinates inter-facility transfers, interstate transfers, and transfers to and from Youth Development Centers.

DHS provides oversight of the system transformation efforts in East Tennessee. This effort includes: problem-solving to resolve issues relative to utilization of inpatient psychiatric services by facilitating collaboration among the private hospitals, mental health crisis providers, hospital emergency departments, and the county sheriffs. TDMHSAS has established a Transportation Unit, which is responsible for transportation of patients who are transferred from a private

psychiatric hospital to a Regional Mental Health Institute, as well as assisting with transporting individuals who are admitted to a Regional Mental Health Institute home to East Tennessee.

Division of General Counsel provides the mandated services of advising the licensure review panel and representing TDMHSAS in involuntary commitment and civil service proceedings. The General Counsel is also accountable for completing mandatory departmental rule promulgation and providing legislative liaison activities. The General Counsel provides the TDMHSAS review and analysis of certificate of need applications for the establishment or modification of mental health hospitals, and non-residential methadone treatment facilities. Included in the General Counsel's purview are optional services such as providing legal advice to the Commissioner and the RMHIs, reviewing contracts, overseeing HIPAA compliance, and serving as hearing officers for rulemaking hearings.

The General Counsel is responsible for drafting and reviewing legislation, policies and procedures, contracts, and other documents of legal significance affecting the Department. The General Counsel also has oversight of the Department's discrimination and harassment activities and serves as the TDMHSAS Compliance Officer with the responsibility for overseeing the department's compliance program. The General Counsel reports to the executive staff and RMHI Governing Body to ensure that the hospital does not submit false or improper claims and to reduce the risk of unlawful or improper conduct.

The Licensure and Review Section is charged by TDMHSAS with licensing all Tennessee agencies providing mental health, substance abuse, intellectual disability, developmental disability and personal support services. This Section enforces and ensures compliance with TDMHSAS licensure laws (Tennessee Code Annotated §§ 33-2-401 through 33-2-421), administrative rules (Tennessee Administrative Rules 0940-5-1 through 0940-5-39) and other quality standards. The Section also assists TDMHSAS Divisions in conducting investigations and audits of theft, mismanagement or abuse by TDMHSAS employees or contracted agencies. Licensing for Intellectual and Developmental Disability agencies are scheduled to move to the Department of Intellectual and Developmental Disabilities (DIDD) November 30, 2012.

The Office of Communications (OC) supports the mandated administrative responsibility of disseminating public information and making reports on behalf of and providing reports to appropriate parties (that include data that apply to) the service system, the Department's programs, services and facilities. The Office assists with day-to-day media relations for state and national media inquiries and field research-related questions. The Office arranges any needed news conferences and announcements. The Office coordinates statewide "overcoming stigma associated with people living with mental illness" efforts through the promotion of department initiatives, programs, advocacy, and communications with the general public. The Office also oversees department website content, publications management, and messaging.

The Office of Human Resources (OHR) works to ensure the Department of Mental Health and Substance Abuse Services obtains and maintains a workforce that is capable of fulfilling the Department's mission and objectives. OHR fulfills this function through policy advice and technical assistance to managers and staff at the Central Office and RMHIs on personnel related matters such as Americans with Disability Act (ADA), Equal Employment Opportunity, employee relations, employee benefits, classification and compensation, recruitment, training, performance evaluations, and personnel transactions.

Goal 1:	Tennesseans understand that behavioral health is essential to overall health.
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The TDMHSAS participates in the State Health Plan Advisory Committee to ensure issues related to mental health and substance use disorders are incorporated into the State Health Plan. The Department continues to participate in the Internal State Health Council, along with other state agencies, to assist in the development of the Strategic Plan for Statewide Health Information Exchange (HIE). Department staff members participate in various workgroups that are making recommendations for the HIE plan and the state health plan.

TDMHSAS staff members continue to speak to groups across Tennessee about the importance of good mental health and its impact on the workplace, schools, and within the community in order to encourage positive participation in efforts to overcome the stigma associated with people living with mental illness. Public service announcements continue to address the issue of stigma and encourage Tennesseans to seek help. The Department recently co-sponsored the 8th Annual Art for Awareness, a program which gives individuals recovering from mental illnesses a chance to showcase and talk about their art. TDMHSAS has embarked on a number of art-related anti-stigma events as a way to promote the concept that recovery is possible, and that art is a helpful tool on the road to recovery. Additionally, TDMHSAS collaborates with service providers, youth, families, and other stakeholders statewide on annual Children's Mental Health Awareness Day activities and promotional events to increase awareness of mental health needs in children and reduce stigma associated with people living with mental illness.

TDMHSAS staff members participate in community groups and outreach programs to enhance understanding of mental health, serious emotional disturbance, substance use disorders and co-occurring disorders. Staff members respond to phone inquiries, distribute brochures or other information via mail or e-mail, and participate in community events such as health fairs and screenings. The DMHS coordinates yearly depression screenings open to the public. These activities focus on other state entities, service recipients, family members, service providers and the general public to increase knowledge and awareness.

A library of brochures is maintained in the Department that defines the signs, symptoms and possible treatments and supports for youth and adult mental health disorders, substance use disorders, and co-occurring disorders. Brochure information is designed to assist individuals and family members in the identification of programs and services that will best serve them and promote recovery, resilience, and community integration. The Department also disseminates informational materials on the importance of promoting mental health in children and identifying and treating mental health problems early in life.

Since suicide is often the result of untreated mental illness, TDMHSAS staff encourages individuals to seek help and overcome the stigma that often prevents the pursuit of treatment. TDMHSAS provides information, training and prevention about suicide to service recipients, family members, service providers, the faith community, and the general public. The Department participates in the Tennessee Suicide Prevention Network (TSPN) both regionally and statewide. TDMHSAS is also involved with the Interdepartmental and Statewide Advisory Council and maintains membership on the TSPN Strategies and Outcomes Committee. TDMHSAS promotes the Promise for Tomorrow school-based suicide prevention curriculum developed by the Jason Foundation. TDMHSAS administers a federally funded youth suicide

prevention grant known as Tennessee Lives Count (TLC). TLC is a statewide project that uses various strategies to increase awareness and skills for saving lives. The Jason Foundation distributes the curriculum to educators and others upon request. Teen screening services are offered in middle and senior high schools. TDMHSAS also promotes the prevention of depression and suicide in older adults through the dissemination of age-appropriate information.

The Department funds the Family Support & Advocacy program, a comprehensive family advocacy, outreach, support, and referral service statewide provided by Tennessee Voices for Children under the "Statewide Family Support Network". An important function of this service is to assist families of children with serious emotional disturbance (SED) and professionals working with SED children to attain the skills needed to assure that family-driven, youth-guided, and support services are provided. This program also oversees a collaboration of community partners in planning activities to increase awareness about the needs of children with SED and their families and to reduce stigma associated with people living with mental illness. The Department continues to promote "Beginnings/NAMI Basics", a mental health curriculum for teachers, principals and other school personnel developed by National Alliance of Mental Illness Tennessee (NAMI). This curriculum explores the warning signs of early onset mental illness in children and adolescents. Currently, this effort is funded with state dollars. Family support (respite) is a critical element in maintaining family caregiver's health and mental health. Programs funded include planned respite and respite voucher services to families whose children have a serious emotional disturbance (SED) and who are in need of temporary relief from care giving of children with special needs.

The Higher Education Prevention Initiative is a college campus prevention initiative designed to promote safe and healthy campus communities throughout the State. It engages public and private colleges and universities in Tennessee to reduce alcohol and other drug abuse and misuse and related violence. The project design includes: implementation of evidence-based environmental strategies that address campus needs; prevention of onset and lessening of the progression of substance abuse behaviors; reduction of substance abuse-related problems individually and on campuses; and building prevention capacity and infrastructure both on campuses and at the community level.

The Community Substance Abuse Prevention Coalitions are community teams, representing many different sectors, which mobilize to address the substance abuse problems that affect the health and wellness of the community. Coalitions implement environmental strategies focused on changing aspects of the environment that contribute to the use of alcohol and other drugs. The Coalitions work to change public laws, policies and practices to create environments that decrease the probability of substance use disorders.

TDMHSAS oversees the Tennessee Statewide Clearinghouse for Alcohol and Drug Information and Referral that serves as a repository, distribution center and library for information regarding substance use disorders and co-occurring disorders. The Clearinghouse also serves as an information and referral center that can be accessed through a toll-free telephone service (the Tennessee Redline) at 1-800-889-9789, and an internet web-site that provides current information regarding substance use disorders and co-occurring disorders to the public. DSAS is also responsible for workforce development and provides this through on-line and face-to-face training events provided to alcohol and drug abuse, prevention, treatment and recovery providers. Training events focus on training needs as identified through annual training needs assessment.

TDMHSAS promotes and supports collaborative partnerships between the behavioral health and criminal justice systems. Through the Criminal Justice Services programs, positive working relationships have been developed with the Department of Correction's Board of Probation and Parole, drug courts, judges, local law enforcement, and community coalitions. TDMHSAS provides educational and training opportunities to the criminal justice system on how to work effectively with individuals who have mental illness, substance use disorders or co-occurring disorders. The Department also provides education to the court system including judges, attorneys and other court personnel regarding the forensic and juvenile court processes. Educational opportunities are also available for specialized forensic juvenile justice evaluators and training for law enforcement on mental illness.

The Department, in partnership with the Tennessee Administrative Office of the Courts, received a \$196,742 grant from the Bureau of Justice Assistance that is being used to implement the TN Integrated Court Screening and Referral Project. This project is an evidence-based intervention pilot project that addresses the mental health and substance abuse needs of children and youth who come into contact with the juvenile justice system in Tennessee. The project aims to serve approximately 3,000 children and youth alleged to be unruly or delinquent in 11 Tennessee juvenile courts in 10 mostly rural counties.

The TDMHSAS provides Department-wide in-service training and events, such as teleconferences, to promote education and understanding about mental health diagnoses, recovery, resilience, person centered care and stigma reduction among staff. The Department also provides training to the members and staff of the General Assembly detailing the role of TDMHSAS on services to persons with mental illness and substance use disorders.

The TDMHSAS oversees and administers four federally-funded System of Care (SOC) initiatives currently in 8 counties. Each grant provides funding and technical assistance to local communities to build and sustain Systems of Care for children and youth with serious emotional disturbance and their families that are family-driven, youth-guided, community-based, and culturally and linguistically competent. TDMHSAS partners with child-serving departments, service providers, youth, families and other stakeholders in developing comprehensive and coordinated Systems of Care and the infrastructure to support and sustain effective and appropriate services for children and youth.

The TDMHSAS collaborates with the Department of Education (DOE), Coordinated School Health, the Center of Social and Emotional Foundations for Early Learning (CSEFEL), and other related groups to increase awareness of the crucial importance of early identification and treatment of children and youth with mental health needs. The Department collaborates with the Department of Children's Services in bi-monthly meetings on children in custody with mental health issues and on children aging out of custody. Departmental staff participates on the Youth Transitions Advisory Council chaired by TCCY and the statewide Mental Health/Juvenile Justice Workgroup. The Department is represented on the statewide Children's Justice Task Force, the Early Childhood Comprehensive Systems (ECCS) initiative and the Center for Social and Emotional Foundations of Early Learning (CSEFEL). The Office of Children and Youth participates annually in Children's Mental Health Week and sponsors and operates a display booth for Children's Mental Health Week activities. The Department is a member of the National Association of State Mental Health Program Directors (NASMHPD) and its various specialty Divisions and the National Association of State Alcohol Drug Abuse Directors (NASADAD), and the community Anti-Drug Coalitions of America (CADCA).

The Division of Planning, Research and Forensics (DPRF) participated in a workgroup formed the Department of Education's Office of Safe and Supportive Schools to develop a Workplace Violence Prevention curriculum for school districts administrators and public safety officials partnering with schools. The resulting curriculum emphasizes early identification of mental health and substance abuse issues and referral to services. The TDMHSAS Office of Forensic Services participates in the training with a presentation on access and availability of mental health and substance abuse services in Tennessee. Participants learn the importance of determining what services may be available through Employee Assistance Programs, the role of Managed Care Organizations in assuring access to medically necessary services, and how the TDMHSAS supports the provision of community-based services. The primary goals of the TDMHSAS in this curriculum, is to increase the awareness of, knowledge about and sensitivity to the importance of these services.

OBJECTIVES:

- 1.1 TDMHSAS increases awareness, knowledge and sensitivity of the public, state entities and other relevant parties regarding mental illness, serious emotional disturbances, substance use disorders, and COD, including the service needs of these populations.**

STRATEGIES:

- 1.1.1 In FYs 2013, 2014 and 2015, DMHS will collaborate with service recipients, family members, providers and other interested parties to participate in a minimum of one (1) quarterly educational opportunity for implementing recovery principles and practices in each of the state's seven regions to total seven a year, to be reported in February and August of each respective year.
- 1.1.2 In FY 2013, DPRF, in collaboration with OC, DMHS, DASAS, and DCL will develop information and training materials to educate Governor Haslam's cabinet on mental illness and substance abuse, to be reported in February and August 2013.
- 1.1.3 In FY 2013, DPRF will develop and implement a plan to improve the knowledge base of TDMHSAS central office staff through speakers, brown-bag group discussions and webinars, to be reported in February and August 2013.
- 1.1.4 In FY 2013, DPRF will, in collaboration with the Division of General Counsel, develop educational materials on legislation and the legislative process for the regional councils and the Statewide Council Legislative Committee to be reported in February and August 2013.
- 1.1.5 In FY 2013, DPRF in collaborations with other Divisions will provide data and analysis on mental health and substance abuse topics as requested by the General Assembly, to be reported in February and August 2013.
- 1.1.6 In FYs 2013, 2014 and 2015, DMHS, Office of Children and Youth, will collaborate with statewide partners on Children's Mental Health Awareness Day and participate in activities one (1) day each year to increase awareness and decrease stigma associated with children's mental health, to be reported in August of each respective year.
- 1.1.7 In FY 2013, DPRF will align all plans (i.e. Three Year Plan, F&A Strategic Plan, and Federal Block Grant applications and reports) to accurately reflect the goals and objectives of TDMHSAS and submit on or before the deadline/due date to be reported in February and August 2013.
- 1.1.8 In FY 2013, DPRF, Forensic Services will promote access to mental health and substance abuse services for staff and teachers in local school systems by

collaborating with the Department of Education to provide workplace violence prevention training for school administrators, law enforcement and school staff to include training on availability and access to services, to be reported on in February and August of 2013.

- 1.1.9 In FYs 2013, 2014 and 2015, OC will, in collaboration and partnership with all other Divisions, increase accessibility and information quality on the TDMHSAS Website, as evidenced by increased public visits to the Website totaling 30% increase in 2013, 40% increase in 2014, and 50% increase in 2015 using 2011 as a baseline. Results will be reportable each year in, to be reported in February and August of each respective year.
- 1.1.10 In FY 2013, DCL will meet with twelve (12) community organizations to increase the awareness of behavioral health issues, to be reported February and August of 2013.
- 1.1.11 In FY 2014, DCL will write two (2) articles for the newspapers and make two educational awareness presentations in the community to increase the awareness of behavioral health issues, to be reported in February and August of 2014.

1.2 TDMHSAS promotes activities and education to decrease deaths by suicide.

STRATEGIES:

- 1.2.1 In FY 2013, DCL, will increase the number of veterans served by suicide prevention networks and/or depression and suicide prevention information dissemination to 60, to be reported in February and August 2013.
- 1.2.2 In FY 2013, DCL and DMHS, in collaboration with the Tennessee Suicide Prevention Network (TSPN) and the Davidson County Metro Public Health Department, will assist 25 leaders in faith communities develop and implement suicide statements or suicide prevention plans/activities, to be reported February and August 2013.
- 1.2.3 In FY 2013, DSAS will train Medically Monitored Crisis Detoxification Providers to work with individuals who are suicidal, to be reported in February and August 2013.
- 1.2.4 In FYs 2013, 2014 and 2015, DMHS will participate Ad Hoc in each quarterly meeting of the Governor's Suicide Prevention Advisory Council which delineates the Tennessee Strategy for Suicide Prevention totaling four (4) per year, to be reported in February and August of each respective year.
- 1.2.5 In FYs 2013, 2014 and 2015, DMHS in collaboration with DCL, will participate in TSPN's Intra-State Departmental Group resulting in five (5) suicide prevention activities occurring annually each year for a total of 15, to be reported in February and August of each respective year.
- 1.2.6 In FY 2013, DMHS will collaborate with TSPN and regional partners on Suicide Prevention Awareness Day activities to increase awareness and decrease stigma associated with suicide and mental health, to be reported in February 2013.
- 1.2.7 In FY 2013, DMHS in collaboration with DPRF, Forensics, TCCY and the Department of Children's Services, will complete development of a suicide gatekeeper training curriculum for juvenile justice settings, the Shield of Care, provide materials and train the trainer in the Department of Children's Services, and make materials available to agencies of other states, to be reported in February and August of 2013.

GOAL 2:**Services are Service Recipient and Family Driven and Youth Guided.**

TDMHSAS conducts a variety of forums for service recipients, family members, and other stakeholders to have a voice in the discussion of needs related to the Department's service systems. The Department maintains advisory councils designed to provide citizen-based participation that assists the TDMHSAS in planning a comprehensive array of high quality prevention, early intervention, and treatment services and supports. The Councils also advise the Department on policy, budget requests, and developing and evaluating services and supports for persons with mental illness, serious emotional disturbance, and substance use disorders. The Councils ultimately, through the State Planning and Policy Council, advise TDMHSAS on the content of Three-Year Plan, federal block grants, annual needs assessments, and legislative proposals. The DPRF works closely with the Division of the General Counsel to solicit proposals from the Planning and Policy Councils for possible departmental legislation. Each advisory planning and policy council must maintain a majority membership of current or former service recipients and members of service recipient families. TDMHSAS promotes efforts to include youth and families in service development, implementation, evaluation of services, policy-making and advisory capacities so that services for youth and their families is family driven, youth guided, culturally and linguistically competent, and community based.

DSAS Prevention Advisory Council meets quarterly to seek feedback from agencies, coalitions, and other state agencies that provide prevention services. The Advisory Council is instrumental in supporting, promoting and encouraging the implementation of a system of alcohol, tobacco and other drug abuse prevention services that are data driven, evidence-based, gender and culturally competent, population specific, and ensure equal and barrier-free access. In addition, the Council promotes interagency collaboration for the development and implementation of prevention services.

DSAS restructured the Treatment Advisory Committee (now called the Tennessee Treatment and Recovery Advisory Council or TNTRAC). TNTRAC meets quarterly to provide guidance to DSAS regarding programmatic funding (including the use of evidence-based practices), administrative decisions, and strategic planning. The Council is comprised of service providers and other stakeholders, as well as key Division staff. To address specific areas, TNTRAC has eight (8) committees: treatment and recovery, women, adolescent, co-occurring, criminal justice, information technology, HIV and faith-based.

Additionally, TDMHSAS coordinates the Consumer Advisory Board (CAB). The CAB serves as the voice of service recipients on issues related to recovery and resiliency, policy and planning, system evaluation, and the rights of the service recipient. THE CAB provides its advocacy function for recipients regardless of age, ethnicity, sexual identity, or social or educational opportunity.

The TDMHSAS Ombudsman program is available through a toll free number and email address posted on the TDMHSAS website. Consumer advocates provide information about mental illness and substance use disorders, respond to complaints, make referrals to services and supports, and provide information to TDMHSAS staff on recurring issues of concern from

service recipients. The Ombudsman staff also addresses complaints and information requests generated by legislators on behalf of constituents and complaint referrals from the Division of Licensure that are best served with information, resources, and support.

The Department promotes peer support services for mental health service recipients to assist in the recovery process. TDMHSAS provides training to the directors of the Peer Support Centers in the recovery process, including the use of recovery tools such as the Wellness Recovery Action Plan (WRAP), as well as in ways that the centers can assist participants in achieving their recovery goals. TDMHSAS also promotes emerging evidence-based and best practices through the administration and monitoring of its certification programs for Peer and Family Support Specialists, some of whom provide direct peer-to-peer support to service recipients and their families. Additionally, three (3) addictions recovery support centers are funded through DSAS.

The TDMHSAS works to ensure that all service recipients involved in emergency commitment hearings, judicial commitment hearings and conservatorship proceedings at the RMHIs are afforded a full and fair hearing, and that their constitutional rights are honored. The Department enhances service recipients' knowledge of his or her rights by requiring service providers to inform service recipients of their general rights as well as rights specific to the program of service. Staff ensures that confidentiality laws and regulations for the protection of service recipients are followed to minimize the potential for dissemination of confidential patient information or personal health information for research or other applications.

The TDMHSAS processes licensure applications from eligible service providers and issues licenses to those meeting licensure requirements. The Department also conducts investigations of complaints, reports of abuse and deficiencies in operation of a facility which further serves to protect service recipients.

The block grant funds a respite voucher program for families of children and youth with an SED, which features a family directed respite service model.

The TDMHSAS collaborates with youth, families, and other stakeholders in developing and implementing local broad-based governance structures for each SOC initiative. These governance structures provide youth and families the opportunity to actively participate in the design, implementation, and evaluation of the local SOC. TDMHSAS also co-chairs the legislated Council on Children's Mental Health where youth and family members are active participants in the development of a strategic plan for a comprehensive statewide SOC for children and youth with mental health needs.

OBJECTIVES:

2.1 Service recipients and families participate in the design, implementation and evaluation of the service system.

STRATEGIES:

- 2.1.1 In FY 2013, DMHS, DSAS and Consumer Affairs will collaborate to design and implement certification process for Peer Recovery Specialists to work in the public behavioral health system with substance abuse and co-occurring disorders, to be reported in February and August 2013.
- 2.1.2 In FY 2013, DPRF, will work with family members, which may include youth, to participate in decision making regarding oversight and sustainability of the

Building Strong Families grant project as a member of the Steering Committee, to be reported in February and August 2013.

Goal 3:	Disparities in Services are Eliminated.
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The TDMHSAS works to eliminate disparities in services and supports statewide. Below are initiatives taking place in Tennessee targeted toward reduction of those disparities.

The Emotional Fitness Centers, a faith-based project that addresses utilization disparity of mental health services, work to decrease the stigma of seeking mental health services in minority communities. This project is offered in several local churches in Shelby County with outreach to Hardeman and Fayette Counties. The focus is on underserved African American communities in need of mental health services who are not accessing the mental health service system.

The TDMHSAS administers the Behavioral Health Safety Net of Tennessee (BHSN of TN) to uninsured Tennesseans with a qualifying primary mental health ICD9 diagnosis who meet eligibility criteria. The program is provided through 17 community-based mental health agencies across the state and provides the core, vital services that people with a severe mental illness need to continue leading functional, productive lives. Services include assessment, evaluation, diagnostic, therapeutic intervention, case management, psychiatric medication management, labs related to medication management, and pharmacy assistance and coordination. The eligibility criteria for enrollment into the BHSN of TN are as follows:

- Be a U.S. citizen or a legal resident alien; and
- Be a resident of Tennessee; and
- Age 19 to 64
- Have been diagnosed with a Qualifying Primary Mental Health ICD9 Diagnosis; and
- Have family income no greater than 100% of the Federal Poverty Level (FPL)
- Ineligible for TennCare or have a pending TennCare application; and
- No private health insurance, or the private health insurance lacks mental health coverage or all mental health benefits under private health insurance has been exhausted; and
- No Medicare coverage; and
- Not actively receiving benefits through the Veteran's Administration; and
- Not be an inmate or incarcerated; and
- Not be in a long term in-patient facility, such as an inpatient psychiatric (sub-acute) hospital or nursing home

TDMHSAS administers a 24/7 crisis system to assist adult citizens when a behavioral health crisis occurs. Crisis response teams (CRT) provide crisis intervention and assessment in the community for anyone regardless of the ability to pay. A major goal of the crisis response system is to divert persons, when clinically appropriate, from psychiatric inpatient hospitalizations and unnecessary incarcerations due to behavioral health conditions. The continuum of diversion services includes referrals to outpatient behavioral health service providers, a crisis respite facility, a detox center, or a crisis stabilization unit (CSU). The CSUs provide short-term stabilization services that include assessment, triage, medication

management, and group and individual therapy as well as an opportunity for clients to work with the wellness recovery peer specialists. Medically monitored detoxification units add another level to the continuum of crisis services. In addition to the crisis teams and CSUs, TDMHSAS funds agencies to provide 24/7 crisis detoxification services throughout the state. There are also specialized crisis services that provide statewide evaluation of children and youth, up to age 18, who are experiencing a psychiatric emergency.

TDMHSAS consistently reviews grant announcements for opportunities to obtain funding for the purpose of increasing prevention/intervention programs for children and youth. Specifically and in particular, the Department seeks increased funding for the School-Based liaison program for youth who are at risk of mental health difficulties and substance use disorders. DMHS has secured the current funding for School-Based programs from the Tennessee Department of Education in the TDMHSAS Division of Substance Abuse Services.

Changes in law have required that evaluations of treatment needs for criminal defendants found Not Guilty by Reason of Insanity conducted under T.C.A. § 33-7-303(a) be completed on an outpatient basis rather than an inpatient basis. TDMHSAS has amended contracts with all the providers of outpatient court-ordered forensic mental health evaluations to include providing community-based evaluations under this statute, assuring accessibility for all jurisdictions across the state.

DMHS continues to partner with the State Council for the Deaf and Hard of Hearing and community providers to develop strategies that will provide and enhance culturally competent mental health services to Tennesseans who are deaf and hard of hearing. DSAS also funds an agency in Middle Tennessee to provide substance abuse prevention services to deaf and hard of hearing children or children who come from a home with a deaf and hard of hearing individual.

The TDMHSAS administers the contract for PASRR evaluations of nursing home residents with mental illness by assuring that evaluations are performed timely and appropriately. This screening determines whether the individual's mental health related needs can be met in a nursing home environment. The screening also makes mandatory psychiatric treatment recommendations that must be implemented while the individual is in the nursing facility.

The TDMHSAS and the Tennessee Commission on Children and Youth (TCCY) coordinate the Council on Children's Mental Health (CCMH). The CCMH is charged with designing and supporting a statewide System of Care model for children and youth with mental health needs and their families that is coordinated, community based, family driven, youth guided, and culturally and linguistically competent. TDMHSAS also participates on the Youth Transitions Advisory Council (YTAC) to address the needs of youth transitioning from the child mental health system to the adult system. YTAC partners include all child-serving departments, community agencies and advocacy groups. The collaboration seeks to address gaps in the service delivery system, the fragmentation of services, and the lack of developmentally appropriate services for youth transitioning into the adult mental health system.

The TDMHSAS works with the Tennessee Commission on Children and Youth, DCS, Tennessee Voices for Children, Vanderbilt Center for Excellence and the AOC to transform the way in which children and youth involved in the juvenile justice system access mental health and substance abuse services. A screening system is being implemented to refer juveniles to needed services in 11 juvenile courts and in 10 mostly rural counties. This initiative is supported by a federal Criminal Justice and Mental Health Collaboration grant awarded by the Bureau of

Justice Assistance. The initiative seeks to identify and serve previously underserved youth in the juvenile courts.

The TDMHSAS continues to recruit persons from various ethnic groups and cultural backgrounds to serve as members of the Departmental and regional Planning and Policy Councils. Efforts are made to ensure providers have either employees who speak various languages or provide interpreters when needed. TDMHSAS continues to determine methods for recruiting and serving minority populations.

OBJECTIVES:

3.1 TDMHSAS increases awareness of the importance of a culturally competent service system and improves availability of services and supports that reflect the cultural diversity of Tennessee.

STRATEGIES:

3.1.1 In FYs 2013, 2014 and 2015, DMHS Office of Children and Youth, will contract with a minimum of four (4) community vendors renewable each year in the time frame of the grant for the development, implementation, and evaluation of local Systems of Care that are culturally and linguistically competent, to be reported in February and August of each respective year.

3.2 TDMHSAS increases access to services and supports, especially in rural areas.

STRATEGIES:

3.2.1 In FYs 2013, 2014 and 2015, DMHS Office of Children and Youth will partner with DCS, DPRF and other stakeholders to conduct one (1) needs assessment each year of the mental health service needs of youth in transition to adulthood and other high-risk populations, to be reported in February and August of each respective year.

3.2.2 In FY 2013, DSAS will collaborate with the managed care organizations to explore funding for co-occurring services for consumers enrolled in a TennCare plan, to be reported in February and August 2013.

3.2.3 In FY 2013, DPRF, Forensic Services, will explore expansion opportunities including funding availability for a pilot project for family support providers for youth involved with juvenile court and their families in four (4) juvenile courts in mostly rural counties as a part of a federal criminal justice/mental health collaboration grant, to be reported in February and August 2013.

3.2.4 In FY 2013, DMHS Office of Children and Youth will contract with a minimum of one (1) community provider for the development of a regional implementation plan for early childhood mental health services in Cheatham, Dickson, Montgomery, and Robertson County related to the Early Connections Network SOC initiative, to be reported in February and August 2013.

3.2.5 In FY 2013, DMHS Office of Children and Youth will contract with a minimum of one (1) community agency for the expansion of SOC infrastructure and services in the 12 county South Central Region of the Department of Children's Services related to sustainability of the Mule Town Family Network SOC of Care initiative, to be reported in February and August 2013.

3.2.6 In FY 2013, DHS, in collaboration with DPRF, will train and implement Severe Outcome Questionnaire (SOQ) at the RMHIs by February and August 2013.

3.2.7 In FY 2013, DHS will review and update internal procedures and processes for ASA to be implemented by February 2013.

- 3.2.8 In FY 2013, DHS in collaboration with OHR and DAS will review and recommend streamlining business practices for IT/HR/Fiscal Services at RMHI's to be reported by February and August 2013.

Goal 4:	Early Screening, Assessment, and Referral to Services are Common Practice.
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The TDMHSAS is involved in a variety of activities to ensure that early screening, assessment and referral are common practice. TDMHSAS has partnered with the Bureau of TennCare and other child-serving departments to improve access to and quality of prevention and early intervention services for children and youth. Through support of the criminal justice mental health liaison projects, TDMHSAS promotes activities that lead to early identification, assessment and diversion of service recipients who are involved in the criminal justice system. DPRF is working with juvenile judges and other state agencies to identify mental health treatment needs of youth involved in the juvenile justice system. Youth who have been charged with delinquency in juvenile court can receive services from a crisis team when experiencing a crisis situation. Such youth can also receive outpatient court-ordered mental health evaluations. In addition, contracts for the delivery of health and mental health care to TennCare enrollees encourages behavioral health screening in primary care for all enrollees and mandates behavioral health screening for enrollees in physical disease management programs.

Several programs, funded by the Mental Health Community Services Block Grant provide early intervention and prevention services for children, youth and their families. In addition to Project BASIC (Better Attitudes and Skills in Children), a prevention and early intervention program for K-3 elementary school children, TDMHSAS funds programs that provide respite services and respite vouchers for services to families of children identified with a serious emotional disturbance (SED) or dually diagnosed with SED and intellectual disabilities. Services are provided for children at risk of SED or substance abuse who reside with their mothers at a residential program for addicted mothers in recovery. Other programs include violence and bullying prevention and a resiliency enhancement program designed for youth in grades four through eight. Prevention and other early intervention services are also provided for at-risk children.

The TDMHSAS oversees the Early Connections Network regional System of Care (SOC) initiative in five counties. The initiative will design, implement and evaluate early childhood mental health services partly through the promotion and practice of early identification of mental health needs in young children ages birth to five years. It will also design and implement a regional SOC infrastructure to expand and coordinate services for young children with mental health needs and their families through a public health approach to infant mental health. TDMHSAS also participates on the Tennessee Infant and Early Childhood Mental Health Initiative, a statewide interest group of supporters of infant and early childhood mental health committed to increasing awareness of infant mental health, identifying system wide barriers to care, and promoting early identification of and effective and appropriate treatment for mental health needs in the zero to five population.

The TDMHSAS also promotes prevention and early intervention by assisting with depression and anxiety screenings in local communities and coordinating activities for National Depression Screening Day. Teen Screen, a national mental health and suicide risk screening program for

youth, helps young people and their parents through early identification of mental health problems, such as depression. Additional information and screening tools are made available at various venues throughout the state.

There are several DSAS programs focusing on early intervention and prevention of substance use disorders. Tennessee Prevention Network funding supports twenty-three (23) agencies in providing evidenced-based prevention services to select populations of youth, including children in foster care, children of substance abusing parents, children of incarcerated parents, high school dropouts and other population groups that have been identified to be at high risk of abusing substances. Additionally, the Tennessee Prevention Network programs target those engaged in high use behaviors such as binge drinking, prescription drug abuse, and inhalant abuse. The Comprehensive Alcohol, Tobacco and Other Drug Prevention Program is a structured, intensive group session targeting youth who may be at risk for developing alcohol, tobacco, or other drug use and abuse problems and includes a community service project that strengthens commitment against substance use disorders. The School Based Mental Health Liaison Program provides face-to-face consultation with classroom teachers to assist them in structuring the classroom to enhance the learning environment for children with SED, behavior problems, or substance use disorders. In addition, the Department also provides educational opportunities for professionals in the field of substance abuse prevention and treatment associated with the prevention, intervention, treatment, co-occurring and recovery support to advance knowledge and skills.

Tennessee's Partnerships for Success projects are administered in 19 substance abuse prevention coalitions across the state. The projects aim to reverse the state's upward trend in binge drinking; prevent the onset and progression of substance abuse among 14-25 year olds; strengthen prevention capacity and infrastructure at the state and county levels; and leverage, redirect, and realign Tennessee's funding streams for substance abuse prevention services.

TDMHSAS also funds the Tennessee Suicide Prevention Network, Tennessee Lives Count and the Promise for Tomorrow curriculum which use suicide prevention and early interventions methods.

OBJECTIVES:

- 4.1 TDMHSAS provides prevention and early intervention services and education to persons or families with persons at risk of or who have serious emotional disturbance, mental illness, and substance use disorders.**

STRATEGIES:

- 4.1.1 In FY 2013, DSAS will develop strategies to decrease binge drinking among the 14 to 25 year old population, to be reported in February and August 2013.
- 4.1.2 In FY 2013, DSAS will increase the number of strategies related to reducing the access to tobacco products for person less than eighteen (18) years of age, to be reported in February and August 2013.
- 4.1.3 In FY 2013, DSAS will continue to integrate the Strategic Prevention Framework process into the statewide prevention system through the implementation of the five year strategic plan, to be reported in February and August 2013.
- 4.1.4 In FY 2013, DMHS will continue to work with Tennessee Suicide Prevention Network, Tennessee Lives Count and the Jason Foundation to provide suicide prevention and early intervention training annually for 20,000, to be reported in February and August 2013.

- 4.1.5 In FY 2013, DSAS will increase exposure to prevention messages related to underage drinking and prescription drug abuse through regional workgroup outreach activities, to be reported in February and August 2013.
- 4.1.6 In FY 2013, DSAS will implement an intergovernmental agency five-year Prevention Strategic Plan to address the prevention of substance use and misuse, to be reported in February and August 2013.
- 4.1.7 In FY 2013, DSAS will increase the number of individuals receiving treatment for prescription drug abuse, to be reported in February and August 2013.

4.2 TDMHSAS promotes screening, assessment, and treatment/service options for persons with co-occurring disorders of substance use disorders and mental illness.

STRATEGIES:

- 4.2.1 In FY 2013, DPRF, Forensic Services, will promote access to mental health and substance abuse services by exploring expansion, including funding availability of the pilot project for screening children in juvenile court alleged to be unruly or delinquent for mental health and substance abuse needs, in 10 counties in partnership with the Administrative Office of the Courts and the Department of Children's Services, to be reported in February and August 2013.
- 4.2.2 In FY 2013, DPRF, Forensic Services will promote screening, assessment and referral to treatment/service options in collaboration with the Board of Probation and Parole and the Department of Corrections to enhance the use of psychiatric evaluations of parole-eligible inmates, to be reported on in February and August of 2013.

4.3 TDMHSAS promotes screening for mental illness and substance use disorders in primary health care.

STRATEGIES:

- 4.3.1 In FY 2013, DPRF, in consultation with other TDMHSAS Divisions and other state agencies, will provide screening tools for use by primary care physicians, human service professionals and referral resources in its best practice guidelines and re-evaluate their utility, to be reported February and August 2013.
- 4.3.2 In FY 2013, DSAS will work with community primary care providers to adopt Screening, Brief Intervention and Referral to Treatment as a standard practice model to reduce substance use disorders and related consequences, increase consumer's well-being, and to generate additional revenues at the community agency level, to be reported in February and August 2013.
- 4.3.3 In FY 2013, DSAS will implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) in primary care clinics in East and Middle Tennessee, as well as the Tennessee National Guard, to be reported in February and August 2013.
- 4.3.4 In FY 2013, DPRF, in collaboration with DCL and DSAS will identify and place on the Department's website, sample guidelines for prescribing benzodiazepines, to be reported in February and August 2013.

Goal 5:**Excellent Services are Delivered.**

The TDMHSAS strives to provide excellent services to Tennesseans, and the following are ways in which the Department works toward that goal.

Each of the six Evidence-Based Practices recommended by SAMHSA is provided in some measure in the State's behavioral health service system. These include: Supported Housing, Supported Employment, Assertive Community Treatment, Family Psychoeducation, Integrated Treatment for persons with co-occurring disorders of mental illness and substance use, and Illness Management and Recovery. TDMHSAS evaluates the most effective mental health treatments and revises or updates best practice guidelines for children, adolescents, and adults as research indicates the need to do so.

Regional Housing Facilitators (RHF) and Consumer Housing Specialists (CHS) implement the Creating Homes Initiative (CHI) at the community level in the seven statewide planning regions. RHF's and CHS's are responsible for engaging traditional and non-traditional community partners in their regions, including, but not limited to: group home operators, mental health providers, landlords, apartment complex owners and developers, public housing officials, managed care organizations, community staff members, and other stakeholders.

To ensure that quality services for substance use disorders are being provided, TDMHSAS promotes the use of the Tennessee Alcohol and Drug Best Practice Guidelines, a guide for all publicly funded services for substance abuse treatment in the State. The Department also promotes the *Matrix Intensive Outpatient Treatment Manual*, an evidence-based practice for treating persons with stimulant use disorders and is effective for treating other substance use disorders, and the *Co-Occurring Disorder Training Manual*, which provides information and treatment needs and recommendations regarding service recipients who have a mental health disorder in combination with a substance use disorder. TDMHSAS also administers the Alcohol and Drug Addiction Treatment program (ADAT), is a state-funded program that provides substance abuse treatment services for Driving Under the Influence (DUI) offenders and supervised probation offenders. All funded treatment programs are required to use an evidence-based program geared to the population served.

Effective July 1, 2012, Executive Order #12 transferred the Drug Court program from the Department of Finance and Administration, Office of Criminal Justice Programs to TDMHSAS DSAS. Drug courts are specialized courts or court calendars that incorporate intensive judicial supervision, treatment services, sanctions, and incentives to address the needs of addicted offenders. A drug court team is composed of the following personnel: the judge, prosecutor, defense attorney, drug court coordinator, probation officer, treatment providers and other program staff. The team works in concert to ensure that defendants have the support of the justice system and access to treatment services to address substance abuse problems and needs. The Drug Court transfer will facilitate the opportunity to expand access to evidenced-based programs and treatment options for defendants.

Tennessee's Partnership for Success Project aims to reverse the State's upward trend in binge drinking. A total of nineteen (19) counties are being funded to engage in SAMHSA's outcomes-based Strategic Prevention Framework (SPF) planning and implementation process. Substance Abuse Prevention Coalitions are leading a partnership of TDMHSAS service

Providers and a statewide network of organizations to improve community wellness. The Coalitions will accomplish improved wellness by identifying, implementing, and evaluating effective strategies to alter policies, practices, and attitudes that currently support unsafe alcohol consumption and create a hazard to public safety.

The TDMHSAS continues to investigate a more viable way to calculate the designation of a “Federal Mental Health Professional Shortage Area” within the state. When the Federal government designates a county or community as a mental health professional shortage area, it officially recognizes that there are not enough psychiatrists to provide a sufficient level of care in that area, and makes that community or county eligible for federal funds.

The TDMHSAS Institutional Review Board (IRB) reviews all research requests received by the Department for conformation to TDMHSAS policy. Staff writes and submits articles for publication on mental health issues and disseminates research findings. TDMHSAS develops, provides and oversees internships for individual undergraduate and graduate students in mental health policy, treatment, and pharmacy. The RMHI Governing Body Quality Committee, under the leadership of TDMHSAS staff, reviews and makes recommendations on trends of incidents, investigations and mortality reviews in the RMHIs to the Governing Body. They make recommendations for improvements in patient care and safety at the RMHIs by reviewing select quality indicators. TDMHSAS staff work closely with the RMHIs to assure on-going compliance with accrediting and certifying agencies, including The Joint Commission standards and CMS regulations.

The TDMHSAS monitors licensed agencies and non-licensed recovery support agencies for quality, appropriateness and efficacy of services. Staff ensures lawful compliance with rules and regulations regarding the operation of facilities, services and personal support services. The Department also identifies and proposes legislation that benefits individuals with mental illness and substance use disorders. Other proposed legislation is reviewed for potential impact on the Department and individuals served by TDMHSAS.

The Department continues to produce and refine reports and data that assess progress made by community providers on the provision of services. Reporting and data provide information on program performance measures and identify areas for quality improvement. TDMHSAS collaborates with stakeholders and family members to facilitate the development and use of meaningful evaluation indicators of service delivery systems to enhance resilience, rehabilitation and recovery.

The TDMHSAS evaluates the continuum of care and monitors the forensic performance standards for inpatient and outpatient forensic and juvenile court services. Staff reviews and revises the inpatient and outpatient juvenile and adult performance standards annually to improve the quality of the forensic and juvenile court ordered evaluations. Staff also provides initial training sessions (approximately eight annually) to contractors and Department staff. The Department provides an annual continuing education session for already certified forensic evaluators.

The TDMHSAS continues to work to improve and implement clinical recruitment and retention of clinical staff. The Department participates in educational activities at area colleges, universities, and high schools to increase the visibility of TDMHSAS employment opportunities. Staff also continues to collaborate with the RMHIs to increase visibility of TDMHSAS career opportunities by attending job fairs, career days, and other functions throughout the state and to address ongoing clinical staffing concerns. TDMHSAS works with the Tennessee Department of Human

Resources to create more competitive salary rates for clinical professionals at the RMHIs, particularly nursing parity rates. The Department also promotes the Certified Peer Specialist and Family Support Specialist programs to enhance and expand the mental health workforce.

The Department has ongoing relationships with several schools, including Vanderbilt University, Middle Tennessee State University, Fisk University, University of Tennessee – Health Science Center, Austin Peay State University, Tennessee State University, and Meharry Medical College. All four (4) RMHI's have clinical affiliation agreements that include additional schools. These relationships allow TDMHSAS to provide educational activities, internships, and clinical rotations for a variety of mental healthcare professionals, including nursing, psychiatry, psychiatric residents, pharmacy, physician assistants, nurse practitioners, social workers, and occupational therapy. Department affiliations exist with Departments of Psychiatry in two of four state hospitals (Memphis and Middle Tennessee Mental Health Institutes). TDMHSAS encourages medical schools and other clinical professional programs in colleges and universities to increase focus on courses to identify and treat individuals with mental illness and substance use disorders

The TDMHSAS participates in the Tennessee Interdisciplinary Health Policy Program (TIHPP) by providing monthly internships where medical, law, and pharmacy students participate as a group in government agency-sponsored internships to learn the value and effectiveness of the multi-disciplinary approach to health care policy development.

TDMHSAS promotes access to mental health services that are best practices for children by continuing to provide funding for the Regional Intervention Program (RIP), school-based mental health liaisons, the Better Attitudes And Skills In Children (BASIC) early intervention programs, mental health consultation in early childhood settings and a faith-based initiative for assessment and evaluation service to an underserved population. Services are also funded for children and youth in several evidence-based programs: Second Step Program used in the Violence and Bullying program, TeenScreen, and the QPR Program (Question, Persuade, Refer) for youth suicide prevention. Recipients of the grant programs from TDMHSAS are required to establish measurable goals and objectives. These quantifiable outcomes can help determine the effectiveness of these programs for children, youth and their families. Programming promotes resiliency in children and youth, which is the internal support and inner strength that enable youth to surmount adversity and to thrive. TDMHSAS is currently updating the Best Practice Guidelines for Children and Adolescents scheduled to be ready by 2013.

TDMHSAS promotes access to appropriate mental health services for children and youth with serious emotional disturbances through the development, implementation, and evaluation of Systems of Care and related services. Systems of Care promote the use of appropriate and effective evidence-based and promising practices for children and youth, such as Wraparound and Trauma-Focused Cognitive Behavioral Therapy, and Parent Child Interaction Therapy.

DPRF staff continues to consult with staff from the Department of Commerce and Insurance concerning federal mental health and substance abuse parity law and its adoption by health insurers in the state, and maintains close communication with the Tennessee Department of Finance and Administration and shares relevant information with TDMHSAS staff.

OBJECTIVES:

5.1 TDMHSAS promotes the use of research findings and evidence-based practices.

STRATEGIES:

- 5.1.1 In FY 2013, DPRF, in consultation with other TDMHSAS departments and other stakeholders, will review and/or revise behavioral health best practice guidelines for children, youth, and adults, to be reported in February and August 2013.
- 5.1.2 In FY 2013, DPRF will analyze and use data from the Tennessee Outcome Measurement system (TOMS) to meet SAMSHA mental health block grant outcome measure data requirements, to be reported in February and August 2013.
- 5.1.3 In FY 2013, DPRF will provide TOMS data analysis to TDMHSAS Planning and Policy Council to inform department decision making, to be reported in February and August 2013.
- 5.1.4 In FY 2013, DPRF staff will secure TennCare data and perform analysis on data relevant to department needs, to be reported in February and August 2013.
- 5.1.5 In FY 2013, DPRF, in collaboration with DSAS, DCL and other agencies, will finalize the Substance Abuse Best Practices Guidelines, to be reported in February and August 2013.
- 5.1.6 In FY 2013, DPRF will monitor changes in the list of controlled substances at the federal level and annually revise Tennessee rules to incorporate federal additions or deletions from the list, to be reported in February and August 2013.
- 5.1.7 In FY 2013, DPRF will research and prepare findings about the potential for abuse of substances in Tennessee for substances not scheduled at the federal level, to be reported in February and August 2013.
- 5.1.8 In FY 2013, DSAS, in collaboration with DCL, Licensure and Review, and DPRF will research best practices and develop an initiative to reduce the incidence of Tennesseans' addiction to prescription drugs, to be reported in February and August 2013.
- 5.1.9 In FY 2013, DPRF will identify the types of data currently being collected on funded programs (including utilization and outcome data), and how that data is being analyzed and used, to be reported in February and August 2013.
- 5.1.10 In FY 2013, DPRF staff will facilitate the development of a set of dashboards on key performance indicators, as required under SAMHSA's new list of instructions for Mental Health and Substance Abuse block grants, to be reported in February and August 2013.
- 5.1.11 In FY 2013, DPRF, in conjunction with staff from Information Technology and the DMHS, will report client-level data annually as required under SAMHSA's new list of instructions for Mental Health and Substance Abuse Block grants, to be reported in February and August 2013.
- 5.1.12 In FY 2013, DPRF will collaborate with DHS, DMHS and DSAS to develop outcomes for their respective service areas, to be reported in February and August 2013.
- 5.1.13 In FY 2013, DPRF will build and support collaborative relationships with the community by participating in Regional and State Planning and Policy Council meetings once quarterly for each region and state meeting and reporting 100% of unanswered questions and unsolved problems generated in the meetings to the appropriate staff member at TDMHSAS for resolution (with follow-up) to be reported in February and August 2013.

- 5.1.14 In FY 2014, DPRF, in consultation with other TDMHSAS departments, TennCare, and other stakeholders, will develop behavioral health best practice guidelines for seniors, to be reported in February and August 2014.
- 5.1.15 In FY 2013, DPRF will develop three data books with detailed data about behavioral health indicators: Tennessee compared to the United States, Tennessee data for 95 counties; and TDMHSAS administrative data, to be reported in February and August 2013.
- 5.1.16 In FY 2013, DHS will establish standardized medical/clinical forms as best practice for the RMHI, to be reported in February and August 2013.
- 5.1.17 In FY 2013, DHS will develop a standardized set of medical staff by-laws by August 2013.
- 5.1.18 In FY 2013, DHS, in collaboration with DMHS and DPRF, will develop an internal process for tracking MOT patients by August 2013.
- 5.1.19 In FY 2013, DHS will develop and establish best practice in admission process at the RMHI services by February and August 2013.

5.2 TDMHSAS increases access to resiliency and recovery oriented services that include peer support, family support, employment and housing.

STRATEGIES:

- 5.2.1. In FY 2013, DMHS, through the CHI, will assist local communities to create 500 new or improved units of affordable, appropriate and integrated permanent housing options along a continuum from 24/7 supportive living facilities through home ownership, to be reported in February and August 2013.
- 5.2.2 In FY 2013, DMHS will work with homeless services providers and stakeholders including other state agencies to coordinated efforts to end chronic homelessness, to be reported in February and August 2013.
- 5.2.3 In FY 2013, through expanding the certification of peer recovery specialists, DMHS will increase the percentage of Medicaid reimbursable peer support services by 10% in comparison to preceding years, to be reported from provider and TennCare data in February and August 2013.
- 5.2.4 In FY 2013, DMHS will increase the number of people experiencing homeless who obtain SSI / SSDI benefits by developing and expanding SSI/SSDI Outreach, Access, and Recovery (SOAR) capacity statewide, to be reported in February and August 2013.
- 5.2.5 In FY 2013, DMHS will work with peer center staff to increase outreach and marketing efforts resulting in 5% increase in participation in the transitioning youth and BHSN of TN population, to be reported in February and August 2013.
- 5.2.6 In FY 2013, DMHS will facilitate an increase in the number of homeless individuals contacted through outreach efforts by PATH contractors, to be reported in February and August 2013.
- 5.2.7 In FY 2013, DMHS will provide training to two Peer Leaders from each Peer Support Center in Middle Tennessee to co-facilitate the Chronic Disease Self-Management Program and the Diabetes Self-Management Program, to be reported in February and August 2013.
- 5.2.8 In FY 2013, DMHS will work with Peer Support Center staff in Middle Tennessee to recruit individuals for the My Health, My Choice, My Life peer-led health promotion, wellness and self-management program, to be reported in February and August 2013.

- 5.2.9 In FY 2013, DPRF will, in collaboration with all Departmental Divisions, ensure the capture of community based, resiliency-based, recovery-based goals and language in all plans and documents produced in the Planning Office to be reported in February and August 2013.
- 5.2.10 In FY 2013, DMHS in collaboration with DHS and through referrals to appropriate community placements will assist with the discharge of at least 20 individuals from long-term inpatient hospitalization to outpatient/community settings, to be reported in February and August 2013.

5.3 TDMHSAS improves and expands the workforce that provides services and supports.

STRATEGIES:

- 5.3.1 In FY 2013, DPRF will survey psychiatric physicians annually to identify health professional workforce shortage areas, and provide results as required to the Tennessee Department of Health (TDH), to be reported in February and August 2013.
- 5.3.2 In FY 2013, DAS will develop a plan for leadership succession, to be reported in February and August 2013.
- 5.3.3 In FY 2013, DPRF will develop, update and maintain a Master Planning Calendar to include all Planning activities, deadlines, preparation, Regional and State Council meetings and other related dates to ensure the continuity of Divisional goals and to educate the Departmental staff on the Planning process to be reported in February and August 2013.
- 5.3.4 In 2013, OHR will coordinate an effort to ensure all job vacancies within TDMHSAS are posted on the Departmental website, to be reported in February and August 2013.

5.4 Quality services are available to persons with mental illness, serious emotional disturbance, and substance use disorders.

STRATEGIES:

- 5.4.1 In FY 2013, in order to reduce disparities in access to appropriate medications, DCL will review the TennCare preferred drug list (PDL) throughout the year to determine the need for making recommendations to add or delete medication, as evidence based practices and research indicate by, to be reported in February and August 2013.
- 5.4.2 In FY 2013, DCL in collaboration with the RMHIs' medical staff, will conduct quarterly reviews of the RMHI pharmacies reported in February and August 2013.
- 5.4.3 In FY 2013, DCL will conduct joint activities with the operating MCOs in the three regions, to develop educational protocols to reduce the over prescribing of medication for their network providers, to be reported in February and August 2013.
- 5.4.4 In FY 2013, through the BHSN of TN, DMHS will increase allowable, essential behavioral health services to enrolled individuals, to be reported in February and August 2013.
- 5.4.5 In FY 2013, Licensure and Review will implement strategies to create uniform procedures and policies throughout the three regional offices, to be reported in February and August 2013.

- 5.4.6 In FY 2013, DSAS will continue to work collaboratively with other agencies and departments to pursue funding streams to meet the behavioral health needs of consumers who are engaged with the criminal justice system, to be reported in February and August 2013.
- 5.4.7 In FY 2013, DCL will increase monitoring of the treatment programs across the state to bi-annually to enhance patient care, safety and improve patient outcomes, to be reported in February and August 2013.
- 5.4.8 In FY 2013, DPRF staff will provide input to Department of Finance and Administration (F&A) input on mental health and substance use issues for ACCESS TN, Insurance Exchanges development and parity assessment, to be reported in February and August 2013.
- 5.4.9 In FY 2013, the Office of Licensure will conduct a comprehensive review of all licensure rules to identify and recommend changes which will bring those rules in line with "Customer Focused," "SMART," and "LEAN" government principles and national best practices while furthering the mission and goals of the department, to be reported in February and August 2013.
- 5.4.10 In FY 2013, the Office of Licensure, in collaboration with IT and DPRF, will develop an internet based application containing information useful to consumers and those who care for them regarding facilities licensed by the department, to be reported in February and August 2013.
- 5.4.11 In FY 2013, DMHS, Crisis Services, will work in collaboration with the community providers to develop standards of care for the delivery of crisis services, to be reported in February and August 2013.
- 5.4.12 In FY 2013, DPRF will report results for the Building Strong Families (BSF) grant project that serves families with children in or at risk of state custody and at least one parent that abuses substances, to be reported in February and August 2013.
- 5.4.13 In FY 2013, DAS, in collaboration with DHS and DMHS, will complete telemedicine roll out at the three remaining RMHIs, including mobile telemedicine standards development and implementation for mobile crisis providers, to be reported in February and August 2013.
- 5.4.14 In FY 2013, DAS will work with DMHS, DHS, DSAS and DPRF to ensure that 95% of contracts are submitted to the Central Procurement Office on or before the Department of General Services deadlines, to be reported in February and August 2013.
- 5.4.15 In FY 2013, DAS will provide technical support solutions for implementation of paperless office and LEAN initiatives for contracts processing, to be reported in February and August 2013.
- 5.4.16 In FY 2013, DSAS will collaborate through an interdepartmental agreement with the Tennessee Department of Correction in a diversion project for offenders needing alcohol and drug services, to be reported in February and August 2013.
- 5.4.17 In FY 2013, DSAS will conduct a prevention outcome evaluation on funded services to determine effectiveness and efficiency, to be reported in February and August 2013.
- 5.4.18 In FY 2013, DMHS, will continue to work in close collaboration with schools and DOE to explore available opportunities to increase access to mental health services in schools, to be reported in February and August 2013.
- 5.4.19 In FY 2013, DCL, DMHS, DSAS, and DHS will increase interagency and community provider linkages and collaboration for improved service delivery, to be reported by DPRF in February and August 2013.
- 5.4.20 In FY 2013, DPRF will identify mental health and substance abuse service needs and gaps statewide and regionally, to be reported in August and February 2013.

- 5.4.21 In FY 2013, DMHS, Crisis Services, will collaborate with other stakeholders, to reduce barriers to humane transportation for hospitalization, to be reported in February and August 2013.
- 5.4.22 In FY 2013, DCL in collaboration with the University Health Science Center, DOH, DOS, Vanderbilt University Department of Psychiatry, and other community partners will develop a curriculum on utilizing the control substance monitoring database for on-line training, to be reported in February and August 2013.
- 5.4.23 In FY 2013, DMHS, Crisis Services, in collaboration with the Bureau of TennCare, will develop a workgroup to identify, develop and integrate resources for the children and youth crisis service delivery system, to be reported in February and August 2013.
- 5.4.24 In FY 2013, DMHS, Crisis Services, in collaboration with DSAS, will identify potential solutions to access barriers for individuals with co-occurring mental health and substance abuse service needs, to be reported in February and August 2013.
- 5.4.25 In FY 2013, DMHS, Crisis Services, in collaboration with the DSAS, will assist mental health and substance abuse providers to develop and/or expand co-occurring service delivery models designed to meet the needs of the population being served, to be reported in February and August 2013.
- 5.4.26 In FY 2013, DMHS in partnership with a CMHA, will develop and implement an Assisted Outpatient Treatment (AOT) pilot project in Knox County, Tennessee, to be reported in February and August 2013.
- 5.4.27 In FY 2013, DMHS will monitor and evaluate the efficacy of the AOT pilot project, to be reported in February and August 2013.
- 5.4.28 In FY 2013, DSAS will provide training on Trauma Informed Care to funded treatment agencies to assure that they are qualified to deliver services to clients with a history of trauma and substance abuse, to be reported in February and August 2013.
- 5.4.29 In FY 2013, the State Opioid Treatment Authority (SOTA) Office will increase the number of opioid treatment program monitoring visits from once a year to twice a year, to be reported in February and August 2013.
- 5.4.30 In FY 2013, OHR will promote a culture of excellent customer service by ensuring each current employee completes Customer Focused Government training by December 2012 and each new employee completes CFG training within 90 days of hire, to be reported in February and August 2013.
- 5.4.31 In FY 2013, OHR will promote a culture of continuous performance improvement by ensuring each employee has a Job Performance Plan with specific, measurable, attainable, and timely goals completed annually, to be reported in February and August 2013.
- 5.4.32 In FY 2013, DCL, in collaboration with DHS, will expand its focus on quality improvement by standardizing forms used at the RMHIs for medical records, to be reported in August and February 2013.
- 5.4.33 In FY 2013, DCL, in collaboration with the University of Tennessee Health Science Center, DOH, DOS, Vanderbilt University Department of Psychiatry, and other community partners, will develop a curriculum for utilizing the control substance monitoring database for on-line training, to be reported in February and August 2013.
- 5.4.34 In FY 2013, DCL in collaboration with DSAS and DPRF, will develop and conduct an updated survey to determine if there has been a shift in opiate abuse, causing

patients to enter Opioid Treatment Programs, to be reported in February and August 2013.

Goal 6:

Technology is Used to Access Services and Information.

With the goal of implementing comprehensive electronic medical records, TDMHSAS is working to create an integrated system that will allow clinical staff to efficiently provide direct care to service recipients. The use of bar coding tools along with hand-held devices, tablets and other tools will further enhance TDMHSAS's ability to provide the best care in the most efficient manner possible. A true electronic medical record will allow TDMHSAS to quickly exchange more information with other entities, particularly with the community mental health agencies, to create a more seamless continuum of care. The expanded use of teleconferencing capabilities in partnership with other State agencies will provide greater access to services that are currently limited.

The TDMHSAS uses Internet based tools, such as the TDMHSAS website and e-mail notifications to provide general information and inform service recipients, families, and other stakeholders about issues related to service delivery and public policy. In addition, the TDMHSAS website is updated regularly to include the most accurate information about accessing resources available to Tennesseans. Consumer Housing Specialists, in partnership with the Department, oversee the content maintenance of a comprehensive, state-wide, housing knowledge web-based resources system as part of the Real Choice Systems Change Housing Within Reach project. Secure, web-based applications have been developed to improve the efficiency of billing and data collection for services such as the BHSN and court-ordered forensic mental health evaluations.

The TDMHSAS maintains databases for Consumer Affairs, Forensics and Juvenile Court Services, Licensure, a contract database, and a Criminal Justice Behavioral Health database.

The Tennessee Web based Information Technology System (TN-WITS) is an integrated online system utilized by the Division of Substance Abuse Services. It allows the issuance and approval of services to eligible service recipients in addition to providing a more efficient system for contracted providers to conduct business with DSAS. TN-WITS also processes and generates provider payments based on the client service encounter data and contract information. It enhances the ability of DSAS to evaluate and monitor client services and agencies in real time.

The TDMHSAS promotes the use of telemedicine to increase response time for diagnosing patients, reduce stressors on persons with a potential mental illness, and reduce transportation costs. TDMHSAS continues to explore potential opportunities to expand the use of televideo by the RMHIs, the community and criminal justice settings.

TDMHSAS continues the RMHI Telemedicine Pilot Project with Western Mental Health Institute (WMHI). The project has enabled WMHI to conduct remote second Certificate of need (CON) evaluations of appropriate individuals in rural west Tennessee. The goal of this project is to expedite the assessment process, avoid unnecessary transportation to RMHIs of individuals who do not meet criteria for emergency involuntary admission, and eliminate the current

assessment wait time for law enforcement upon arrival at an RMHI. The project is now being expanded to all of the Regional Mental Health Institutes. The results of a preliminary evaluation show that there are savings generated through the use of telemedicine and that there is no difference in percent admitted to hospital between those receiving face to face evaluation and those receiving an evaluation via televideo.

TDMHSAS works with the Council on Children's Mental Health to research and identify strategies for addressing system wide issues related to data sharing, electronic medical records, and the use of technology related to services and supports for children and youth with mental health needs.

OBJECTIVES:

6.1 TDMHSAS will use technology to improve access and coordination of services, especially in remote areas or in underserved populations.

STRATEGIES:

- 6.1.1 In FY 2013, DMHS, Consumer Affairs, in collaboration with DPRF, will use the enhanced Consumer Affairs data base to analyze the contacts handled by Consumer Affairs, to be reported in February and August 2013.
- 6.1.2 In FY 2013, TDMHSAS staff will participate and provide input into F & A's Internal Health Council and state committees focused on e-health initiatives, to be reported by DAS in February and August 2013.
- 6.1.3 In FY 2013, DPRF, Forensic Services will work with Fiscal Services and the GC to fully implement systems for billing and tracking of billing of counties for forensic evaluation and treatment services in accordance with T.C.A. § 33-7-304, to be reported in February and August 2013.
- 6.1.4 In FY 2013, DMHS in collaboration with the Children's Cabinet and the Council on Children's Mental Health, will develop a plan for addressing cross-system data sharing issues related to services and supports for children and youth with mental health needs and to support continuous quality improvement efforts, to be reported in August 2013.
- 6.1.5 In FY 2013, DMHS Crisis Services, will provide guidelines and technical assistance to at least 12 providers for implementation of telehealth technologies designed to provide more efficient and cost effective crisis services to individuals in need of mental health and/or substance abuse services to be reported in February and August 2013.
- 6.1.6 In FY 2013, DMHS, Crisis Services, will provide the framework and training to at least 12 community provider agencies for implementation of a TDMHSAS web based data collection system designed to monitor recidivism and integration of services to be reported in February and August 2013.
- 6.1.7 In FY 2013, DSAS will implement a statewide drug court data system module for state funded certified drug courts to collect, report, and disseminate drug court treatment data, to be reported in February and August 2013.
- 6.1.8 In FY 2013, DHS will monitor and update implemented electronic pharmacy system at all RMHIs, to be reported in February and August 2013.
- 6.1.9 In FY 2013, DHS will conduct telehealth evaluation for emergency involuntary admission at MBMHI, to be reported in February and August 2013.
- 6.1.10 In FY 2013, DHS in collaboration with DAS and DCL, will review the Vista Electronic Medical Records system for use in the RMHI's, to be reported in February and August 2013.

- 6.1.11 In FY 2015, OHR will analyze ways to decrease time spent on administrative processing of time and labor. This will include transitioning all Central Office employees to self-entry of time worked and examining alternate methods of time entry at the RMHIs, to be reported in February and August 2013.

6.2 TDMHSAS will develop and implement an integrated electronic health record and personal health information system.

STRATEGIES:

- 6.2.1 In FY 2013, DAS, in collaboration with DHS and DCL, will develop an Electronic Medical Records system cost-benefit analysis and implementation plan, to be reported in February and August 2013.
- 6.2.2 In FY 2013, DAS, in collaboration with DCL, DHS and the RMHIs, will complete a major upgrade for the Pharmacy Information System, to be reported in February and August 2013.
- 6.2.3 In FY 2013, DCL in collaboration with DAS, will implement a new standardized pharmacy software system at the RMHIs that will assist in reducing medication errors and improving tracking of pharmacy inventory, to be reported in February and August 2013.
- 6.2.4 In FY 2013, DMHS will facilitate progress of PATH contractors not currently reporting service process and outcome data into HUD's Homeless Management Information System (HMIS) toward meeting this impending federal mandate, to be reported in February and August 2013.
- 6.2.5 In FY 2013, DAS, in collaboration with the Department of General Services, will undertake a paper usage reduction effort in fiscal services to begin storing back-up documents for accounts payable electronically, to be reported in February and August 2013.
- 6.2.6 In FY 2013, DAS will provide leadership and guidance for 100% of needs arising from the Lakeshore closure pertaining to the distribution of inventory and surplus materials and other administrative details to be reported in February and August 2013.
- 6.2.7 In FY 2013, DAS will provide leadership and guidance on infrastructure needs related to the T3 project, including the relocation of electronic and server equipment, to be reported in February and August, 2013.
- 6.2.8 In FY 2013, DAS will oversee implementation of a new IP Telephony system when requested by OIR, to be reported in February and August 2013.

Tennessee Department of Mental Health And Substance Abuse Services

LIST OF ACRONYMS Current 7/1/2012*

ADAT	Alcohol and Drug Addiction Treatment Fund
AHP	Affordable Housing Program of Federal Home Loan Bank
AOC	Administrative Office of the Court
BASIC	Better Attitudes and Skills in Children
BGAS	Block Grant Application System
BHSN	Behavioral Health Safety Net
BOPP	Board of Probation and Parole
BRIDGES	Building Recovery of Individual Dreams and Goals through Education and Support
CAB	Consumer Advisory Board
CADCA	Community Anti-Drug Coalitions of America
CANS	Child and Adolescents Needs and Strengths Survey
CCMH	Children's Council on Mental Health
CFSS	Certified Family Support Specialist
CJI	Creating Jobs Initiative
CHI	Creating Homes Initiative
CHS	Consumer Housing Specialists
CIT	Crisis Intervention Team
CMHA	Community Mental Health Agency
CMHS	Center for Mental Health Services
COD	Co-Occurring Disorder
COC	Continuum of Care
CON	Certificate of Need
CMS	Center for Medicaid and Medicare Services
CSEFEL	Center for Social and Emotional Foundations for Early Learning
CSH	Community Supportive Housing
CSU	Crisis Stabilization Unit
CTR	Clinical Therapeutics and Recovery
CTTS	Community Targeted Transitional Support
CYHOP	Children and Youth Homeless Outreach Project
DAS	Division of Administrative Services
DCL	Division of Clinical Leadership
DCS	Department of Children's Services
DHS	Division of Hospital Services
DSAS	Division of Substance Abuse Services
DBSA	Depression and Bipolar Support Alliance
DIDD	Department of Intellectual and Developmental Disabilities
DIG	Data Infrastructure Grant
DMHS	Division of Mental Health Services
DMHT	Declaration for Mental Health Treatment
DOE	Department of Education
DPRF	Division of Planning, Research and Forensics

DSM-IV-TR	Diagnostic and Statistical Manual of Mental Disorders Text Revision
EBP	Evidence Based Practice
ECCS	Early Childhood Comprehensive Systems
EPSTD	Early Periodic Screening, Diagnosis and Treatment
F&A	Finance and Administration
FHLB	Federal Home Loan Bank
GC	General Counsel (Office of)
HIV	Human Immunodeficiency Virus
HUD	U. S. Department of Housing and Urban Development
ILS	Intensive Long-term Support
IMR	Illness Management and Recovery
IRIS	Integrated Recovery Integrated Services
ITTS	Inpatient Targeted Transitional Support
LOF	Level of Functioning
MCO	Managed Care Organization
MCRT	Mobile Crisis Response Team
MHBG	Mental Health Block Grant
MMCD	Medically Monitored Crisis Detoxification
MOE	Maintenance of Effort
MOT	Mandatory Outpatient Treatment
MOU	Memorandum of Understanding
MPA	Mandatory Pre-screening Agent
MRS	Multiple Response System
MST	Multi Systemic Therapy
NAMI	National Alliance on Mental Illness
NASADAD	National Association of State Alcohol and Drug Abuse Directors
NASMHPD	National Association of Mental Health Program Directors
NIMBY	Not In My Back Yard
NOM	National Outcome Measure
NRI	National Association of State Mental Health Program Directors Research Institute
OC	Office of Communications
OCA	Office of Consumer Affairs
PATH	Projects for Assistance in the Transition from Homelessness
PI	Primary Investigator
P&PC	Planning and Policy Council
PSC	Peer Support Center
QPR	Question, Persuade, Refer
RHF	Regional Housing Facilitators
RIP	Regional Intervention Program
RMHI	Regional Mental Health Institute
SAMHSA	Substance Abuse and Mental Health Services Administration
SABG	Substance Abuse Block Grant
SAPT	Substance Abuse Prevention and Treatment
SBIRT	Screening, Brief Intervention, Referral and Treatment
SCHIP	State Children's Health Insurance Program
SED	Seriously Emotionally Disturbed/Disabled
SETH	Support, Employment, Transportation & Housing
SHP	Support Housing Program of HUD

SMI	Severe Mental Illness or Seriously Mentally Ill
SOC	System of Care
SOAR	SSI/SSDI Outreach, Access, and Recovery
SPF	Strategic Prevention Framework
SPMI	Severe Persistent Mental Illness
TAMHO	Tennessee Association of Mental Health Organizations
TCCY	Tennessee Commission on Children and Youth
TCPS	Tennessee Certified Peer Specialist
TDMHPPC	TDMHSAS Planning and Policy Council
TDMHSAS	Tennessee Department of Mental Health and Substance Abuse Services
TDOC	Tennessee Department of Corrections
TennCare	Tennessee's Medicaid Program Organization
TFC	Therapeutic Foster Care
TLC	Tennessee Lives Count
THDA	Tennessee Housing Development Agency
TIHPP	Tennessee Interdisciplinary Health Policy Program
TMHCA	Tennessee Mental Health Consumers' Association
TNTRAC	Tennessee Treatment and Recovery Advisory Council
TN-WITS	Tennessee Web Information Technology System
TOMS	Tennessee Outcomes Measurement System
TOPS	Tennessee Office of Prevention Services
TSPN	Tennessee Suicide Prevention Network
URS	Uniform Reporting System
WIC	Walk in Center
WRAP	Wellness Recovery Action Plan
YTAC	Youth Transitions Advisory Council

***This list may contain acronyms not used in the document to which it is attached.
The document may contain acronyms not listed here.**